

## ERNEST ORLANDO LAWRENCE BERKELEY NATIONAL LABORATORY

Foreign Visitors Unit 1 Cyclotron Road Berkeley, CA 94720

## AGREEMENT TO PURCHASE AND MAINTAIN HEALTH INSURANCE IN THE U.S.

I agree to purchase and maintain health insurance that meets U.S. Department of State conditions for myself and any dependents with me in the U.S. for the full length of my stay in the U.S. I understand that failure to do so is a violation of my J-1 status and would lead to termination of my Exchange Visitor program and my right to stay in the U.S.

## PLEASE PRINT

NAME:			
Last	First	Middle	
DIVISION AT BERKELEY LAB:			
IAP-66 NO. (top right hand corner):			
COUNTRY OF CITIZENSHIP:			
SIGNATURE:		DATE:	

Bring this form to your guest appointment to Site Access (in the Building 65 Badge Office) or the Advanced Light Source User Facility (Building 4), or hire appointment scheduled with International Researchers & Scholars Services (intl.researchers.scholars@lbl.gov).